

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096778 (1)

1. Corporation Name  
EYEGLOSS WORLD NO. 20, INC.



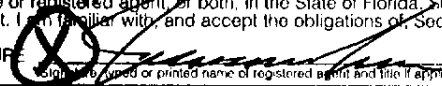
Principal Place of Business 8506 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809	Mailing Address 8506 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	3701 S. Congress Ave	4. FEI Number 59-3422152		Applied For Not Applicable	
22	City & State	27	LAKE WORTH FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	33437	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	USA	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MUSA, MASSIMO 8506 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
				3701 S. Congress Ave			
83. City				L			
84. City				LAKE WORTH FL			
				85. Zip Code 33461			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSA, MASSIMO			1.2 NAME			
STREET ADDRESS	8506 SOUTH ORANGE BLOSSOM TRAIL			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	MARIO MUSA		
STREET ADDRESS				2.3 STREET ADDRESS	3701 S. Congress Ave		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	LAKE WORTH FL 33437		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	MARIO MUSA		
STREET ADDRESS				3.3 STREET ADDRESS	3701 S. Congress Ave		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	LAKE WORTH FL 33437		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE 

CR2E034 (4/97)